

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME Michael Picker			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office/PUC Exec		
POSITION Senior Advisor to the Governor for Renewable Energy			CB/ID NUMBER			DIVISION OR BUREAU		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS Governor's Office, State Capitol			INDEX NUMBER		
CITY Sacramento			STATE CA			ZIP 95814		

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE		
										MILES	AMOUNT		
7-Dec	3:00 AM	CFEE conference in Sausalito								194	86.33		86.33
15-Dec	9:30 AM	REAT managers at BLM in Sacramento								12	5.34		5.34
18-Dec	3:00 PM	Meeting with BrightSource C-level managers in Oakland							22.00	167	74.32		96.32
											0.00		0.00
											0.00		0.00
											0.00		0.00
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											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	22.00	373	165.99	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$187.99	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

1. Speaker at the California Foundation for Energy and the Environment.
2. Attend meeting of Renewable Energy Action Team at Bureau of Land Management in Oakland
3. Meeting with CEO and top level managers of Bright Source Energy to discuss Ivanpah project

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

12/30/09  
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SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

1/8/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES